

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000005346 (8)**  
1. Corporation Name

**CELTIC INTERNATIONAL INC.**

Principal Place of Business  
21 ST. THOMAS ST.  
BRISTOL BS1 6JS. ENGLAND

Mailing Address  
21 ST. THOMAS ST.  
BRISTOL BS1 6JS. ENGLAND

**FILED**

98 DEC 21 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number **65-0788672**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
21 **CELTIC INTERNATIONAL**  
Suite, Apt. #, etc. **DEA**

22 **PALM BEACH GYM OF BOCA**  
City & State  
23 **BOCA RATON FL**

24 **33431** 25 **U.S.A.**

26 **CELTIC INTERNATIONAL**  
Suite, Apt. #, etc. **DEA**  
27 **PALM BEACH GYM OF BOCA**  
City & State  
28 **BOCA RATON FL**

29 **33431** 30 **U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SIMON, ALAN R**  
**SIMON & SIMON CHARTERED ATTORNEYS**  
**2255 GLADES RD., STE. 226-ATRIUM**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **CROSHAW, PHILIP**  
STREET ADDRESS **THE AVENUE, SARK, CHANNEL ISLANDS**  
CITY-ST-ZIP **UNITED KINGDOM GY905B**

TITLE **D** ☐ DELETE  
NAME **GRASSICK, JAMES**  
STREET ADDRESS **THE AVENUE, SARK, CHANNEL ISLANDS**  
CITY-ST-ZIP **UNITED KINGDOM GY905B**

TITLE **S** ☐ DELETE  
NAME **JORDANS (ISLE OF MAN) LIMITED**  
STREET ADDRESS **3RD FLOOR, CELTIC HOUSE, VICTORIA ST.**  
CITY-ST-ZIP **DOUGLAS ISLE OF MAN**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**B. 12/23/98 AR**

12-2-98

**561 306 1426**

0125760

CR2E034 (5/98)

**CELTIC INTERNATIONAL, INC**  
**d.b.a. PALM BEACH GYM OF BOCA**  
**141 NW 20<sup>th</sup> STREET**  
**BOCA RATON, FL. 33431**

**TEL. 561-750-0510**

**E MAIL BOCAGYM @ AOL . COM**

**FAX. 561-750-0590**

**WWW BOCAGYM . COM**

**EAST BOCA's      CO-ED      FAMILY      FITNESS CENTER**  
**Located: in Plum Park      on NW 20<sup>th</sup> Street      1/10<sup>th</sup> Mile West of N. Dixie Hwy.**

**December 2, 1998**

**Attn. Shawn**  
**Division of Corporations**  
**P.O. Box 1500**  
**Tallahassee Fl 32302-1500**

**Dear Shawn:**

**As I previously mentioned to you on the telephone:**

**This is our first year in business**

**The original form that you sent to England never reached  
Our office.**

**The second notice you sent reached me on December 1, 1998.**

**We were not aware such a form or tax existed or was due.**

**Enclosed is a check for the original tax which would have been paid had  
we known it was due. I would greatly appreciate your accepting this as  
the amount due and I assure you the next return will be timely.**

**Very truly,**



**Philip Croshaw**